

**COUNTY MEDICAL SERVICES PROGRAM
NOTICE OF ACTION
DISCONTINUANCE OF BENEFITS
STATUS REPORT NOT RECEIVED OR NOT COMPLETED**

(COUNTY STAMP)

Case name: _____

Case number: _____

District: _____

This affects: _____

(Names)

☐ Your eligibility to receive CMSP will be discontinued effective the last day of _____.

Here's why:

The reason for this discontinuance is you did not give us the information necessary to continue your eligibility when it was needed. Your completed CMSP Status Report for the month of _____ was not received by the date it was due.

☐ Your CMSP Status Report for the month of _____ has been received; however, it was not complete. You will not get CMSP benefits effective the last day of _____. However, if you send us the following information by _____, your CMSP eligibility may be restored.

Please send us:

DO NOT THROW YOUR PLASTIC ID CARD AWAY. You can use it again if you become eligible for CMSP.

The regulations which require this action are California Code of Regulations, Title 17, Sections: 1498, et seq.

If you have any questions about this action, please write or telephone. We will answer your questions or make an appointment to see you. You may reapply for CMSP at any time.

Eligibility Worker

Phone

Date

PLEASE READ THE REVERSE SIDE OF THIS NOTICE